STATEMENT OF DESIGNATION OF COUNSEL Please use one form for each respondent.

MUR_55/3		
NAME OF COUNSEL: BRUCE I Afran	778	9 F
FIRM:	N SEP	EBER CORRE
ADDRESS: 10 Braeburn Drive	-2	AL ELS
Grenceton, NJ 08540	A =:	NERAL
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TELEPHONE:(609) 924-2075		
FAX:(609) 924-1045	٠.	•
and is authorized to receive any notifications and other communifrom the Commission and to act on my behalf before the Commission and to act on my behalf before the Commission and to act on my behalf before the Commission and to act on my behalf before the Commission Print Name Print Name	ssion	١.
RESPONDENT'S NAME: NAME: NAME: FOR PASSINGLE	r <	resy
ADDRESS: PO Box 18002 Workington, D.C. 20036	-	
TELEPHONE: HOME		
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